

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90019 035 ****61.25

DOCUMENT # N05000007669

1. Entity Name
**MARINA MILE BUSINESS PARK COMMERCIAL
CONDOMINIUM ASSOCIATION II, INC.**



Principal Place of Business
**2860 MARINA MILE BLVD., STE. 117
FT. LAUDERDALE, FL 33312**

Mailing Address
**400 SANTA CLARA TRAIL
WELLINGTON, FL 33414**

40091030



03122008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-3528743

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MANSFIELD, RAYMOND D
400 SANTA CLARA TRAIL
WELLINGTON, FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME MANSFIELD, RAYMOND
STREET ADDRESS 400 SANTA CLARA TRAIL
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE VD ☒ Delete
NAME STEINSLAND, ODDBJORN
STREET ADDRESS 400 SANTA CLARA TRAIL
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ST ☒ Delete
NAME DE ARMAS, REY
STREET ADDRESS 400 SANTA CLARA TRAIL
CITY-ST-ZIP WELLINGTON, FL 33414

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE President ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary ☐ Change ☒ Addition
NAME ANTHONY JOHNSON
STREET ADDRESS
CITY-ST-ZIP

TITLE Treasurer ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Raymond D. Mansfield 3/13/08 954-791-9226